

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HS</i>	<i>00</i>	<i>9-25-99</i>
O.I.P.E. CLASSIFIER	<i>Q</i>	<i>15</i>	<i>5-30-99</i>
FORMALITY REVIEW		<i>71531</i>	<i>10-06-99</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

*10/11*

*WITH 13/11*

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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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